## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO 563943

**CLAIMS** 

|               |                 |              |               |  |             | (                         |  |
|---------------|-----------------|--------------|---------------|--|-------------|---------------------------|--|
| 1             | AS FILED        |              |               | AFTER  |             | AFTER                     |  |
|               |                 |              | I" AME        | I"AMENDMENT                                      |             | 2 <sup>ad</sup> AMENDMENT |  |
| l             | IND.            | DEP.         | IND.          | DEP.   | IND.        | DEP.                      |  |
| 1             | 7               |              |               | <del>                                     </del> |             |                           |  |
| 2             |                 |              |               | <u> </u>   |             |                           |  |
| 3             |                 | 1            |               | <u> </u>   |             |                           |  |
| 4             |                 |              | 1             |  |             |                           |  |
| 5             |                 | 17           |               | 1  |             |                           |  |
| 6             |                 | 1            |               | <del>                                     </del> |             |                           |  |
| 7             |                 | 1            |               |  |             |                           |  |
| 8             |                 | 7            |               | 1  |             |                           |  |
| 9             |                 |              |               |  |             |                           |  |
| 10            |                 |              |               |  |             |                           |  |
| 11            |                 |              |               |  |             |                           |  |
| 12            |                 |              |               |  |             |                           |  |
| 13            |                 |              |               |  |             |                           |  |
| 14            |                 |              |               |  |             |                           |  |
| 15            |                 |              |               |  |             |                           |  |
| 16            |                 |              |               |  |             |                           |  |
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| 22            |                 | <u> </u>     | <u> </u>      |  |             |                           |  |
| 23            | <u> </u>        | <del> </del> | <u> </u>      |  |             |                           |  |
| 24            | <b>}</b>        | <b></b>      |               |  |             |                           |  |
| 25            |                 | <del> </del> |               |  |             |                           |  |
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| 27            |                 | <del> </del> | <u> </u>      |  | <del></del> |                           |  |
| 28<br>29      | <b></b> _       | <del> </del> | <del> </del>  |  |             |                           |  |
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| 38            |                 |              | <b></b>       |  |             |                           |  |
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| TOTAL         | <del>-,  </del> |              |               | <del></del> -                                    |             | <u> </u>                  |  |
| IND.          | /               | ₩            |               | - ♣ !  | - 1         | 4                         |  |
| TOTAL<br>DEP. | 7               | <b>(-</b>    |               | <b>4</b>   |             | <u> </u>                  |  |
| TOTAL         |                 |              | i i           |  |             |                           |  |
| CLAIMS        | 8               | A            |               |  | i i         | <b>医</b> 法国发生的            |  |

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|                             | AS FILED   |  | AFTER 1"AMENDMENT |  | AFTER  2 **AMENDMENT |  |  |
|-----------------------------|--|--|-------------------|--|----------------------|--|--|
|                             | IND.   | DEP.                                   | IND.              | DEP.   | IND.                 | DEP.   |  |
| 51                          |  |  |                   |  |                      |  |  |
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| 55<br>56                    | <del> </del>                                     |  |                   |  |                      | <u></u>  |  |
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| 62                          |  |  |                   |  |                      |  |  |
| 63                          |  |  |                   |  | •                    |  |  |
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| 66                          |  |  |                   |  |                      |  |  |
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| 68                          |  |  |                   |  |                      |  |  |
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| 70                          | <b>!</b>   |  |                   | ļ  |                      |  |  |
| 71                          | <del> </del>                                     |  |                   | ļ  |                      |  |  |
| 72<br>73                    | <del></del>                                      |  |                   | ļ  |                      | <b>_</b>   |  |
| 74                          | <del> </del>                                     |  |                   | <del> </del>                                     |                      |  |  |
| 75                          | <b> </b>   |  |                   |  | <b> </b>             | <del> </del>                                     |  |
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| 79                          |  |  |                   |  |                      |  |  |
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| 81                          |  |  |                   |  |                      |  |  |
| 82                          |  |  |                   |  |                      |  |  |
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| 86<br>87                    | <b></b>  | ······································ |                   |  |                      | <u> </u>   |  |
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| 92                          |  |  |                   |  |                      |  |  |
| 93                          |  |  |                   |  |                      |  |  |
| 94                          |  |  |                   |  |                      |  |  |
| 95                          |  |  |                   |  |                      |  |  |
| 96                          |  |  |                   |  |                      |  |  |
| 97                          |  |  |                   |  |                      |  |  |
| 98                          |  |  |                   |  |                      |  |  |
| 99                          |  |  |                   |  |                      |  |  |
| 100                         | آ نيا  |  |                   |  |                      |  |  |
| TOTAL<br>IND.               |  | 4                                      |                   | -  |                      | -  |  |
| TOTAL<br>DEP.               |  | <b>4</b>                               |                   | <b>/</b>   |                      | <b>4</b>   |  |
| TOTAL                       |  | 260                                    |                   |  |                      | 14 3 C 14 B                                      |  |
| CLAIMS                      |  |  |                   |  |                      |  |  |
| U.S. DEPARTMENT of COMMERCE |  |  |                   |  |                      |  |  |

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